RFA #18482
New York State Grants Gateway # DOH01-TRANS4-2022

Translational Research Projects (TRP) in Spinal Cord Injury (Round 4)

QUESTIONS and ANSWERS

October 13, 2021 – November 8, 2021 Including an applicant conference on November 2, 2021

Please note that the slides from the Applicant Conference are attached to the end of this Questions and Answers document for reference.

1. What would "Applicant Contributed Funds" look like? (Att. 2 page 9)

   A. "Applicant Contributed Funds" would be described as; "in-kind funds" to support the project beyond the available funding for this RFA.

2. Generally, when does the DOH see applications initiated in the Grants Gateway?

   A. There is no set time for people to begin submitting applications. Once the application is complete, prospective grantees are **strongly encouraged** to submit their applications at least 48 hours prior to the due date and time. This will allow sufficient opportunity for the applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an applicant's ability to submit their application.** Both NYSDOH and Grants Gateway staff are available to answer applicant's technical questions and provide technical assistance prior to the application due date and time. Contact information for the Grants Gateway Team is available under Section IV. B. of this RFA. No applications are opened or reviewed until after the close of the application period as noted on the cover page of the RFA.

3. Why are there two workplans in the application?

   A. The Translational Plan Narrative – Form 10, will be used by the peer reviewers to understand the full context and details of the proposed research plan. See RFA Attachment 2 for instructions. The On-line Workplan will be included in a system-generated contract using a standardized format. Both are peer reviewed, so consistency between the two is important.

4. Can a Spinal Cord Injury Research Board member be named in an application?

   A. No, a SCIRB member cannot be named in an application.

5. Is there a checklist that a PI can use to see whether they have completed everything for application submission?

   A. To ensure that all mandatory pass/fail items and penalty items are adequately addressed, see RFA Attachment 2, page 1. The Grants Gateway requires other forms to be completed and submitted as well. See the instructions provided in Pre-Submission Uploads and Program Specific Questions. If files are not uploaded, you will receive an error message describing what is missing. NOTE: The Grants Gateway does not assess the content or file format of an upload, only if a file upload was successful.

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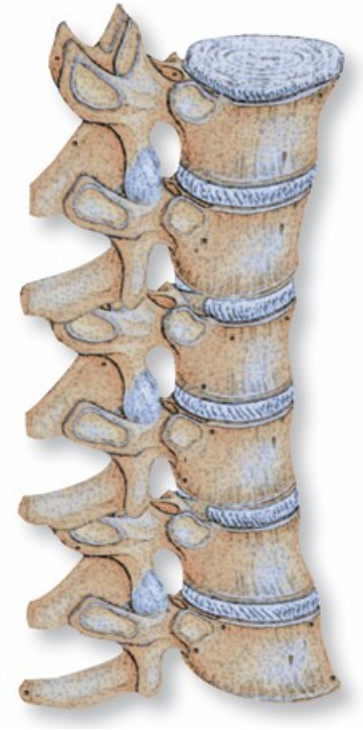
Translational Research Projects (TRP) in Spinal Cord Injury (Round 4) RFA Applicant Conference



November 16, 2021

Presenter: David Googins

Today's Agenda

1. Administrative Items
   - Important deadlines and requirements
2. Overview
   - RFA currently posted in the NYS Grants Gateway
3. RFA Attachments
   - Attachments 1-13
   - Expenditure Budget
   - Online Work Plan
4. Review and Award Process
5. Grants Gateway Overview
6. Your Questions

Administrative Items

See RFA cover sheet

Important Dates

Letter of intent due: 10/27/21

Substantive questions due: 11/08/21

Questions, answers and updates posted: 11/15/21

Applications due: 12/09/21 by 4PM EST

EMAIL
scirb@health.ny.gov

https://grantsgateway.ny.gov

Administrative Requirements

- Not-for-profits must be Registered and Prequalified in the NYS Grants Gateway *(RFA Section IV. M.)*
- Properly prepare and submit all required Forms *(RFA and RFA Attachment 2)*
- Freedom of Information Law *(RFA Section V. B.)*
- The experimental design and implementation of clinical therapies and devices must be carried out in accordance with GLP, GCP, GCLP and GMP standards consistent with the requirements of the FDA *(RFA Section III.)*

The following table provides a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway

Role	Create and Maintain user Roles	Initiate Application	Complete Application	Submit Application	Only view the Application
Delegated Admin	✔				
Grantee		✔	✔		
Grantee Contract Signatory		✔	✔	✔	
Grantee Payment Signatory		✔	✔		
Grantee System Administrator		✔	✔	✔	
Grantee View Only					✔

Quick Contacts & Links

See RFA cover sheet & pgs. 6-7

Extramural Grants Administration
New York State Department of Health
Phone: 518-474-7002
scirb@health.ny.gov

Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am-8pm
helpdesk@agatesoftware.com
(Technical Questions)

Grants Team
Phone: 518-474-5595
Hours: Monday thru Friday 8am-4:30pm
grantsgateway@its.ny.gov
(Application Completion, Policy, and Registration Questions)

https://grantsmanagement.ny.gov/live-webinars
https://grantsmanagement.ny.gov/live-webinars

RFA Overview

SCIRB's Mission & Goal

Stimulate high-quality, innovative spinal cord injury (SCI) research that will help promote treatment and cure for SCI, including methods for reversing paralysis or restoring function caused by injury, or for minimizing or preventing damage occurring during acute phases of injury.

Purpose of the RFA

To advance well-proven hypotheses and early translational research findings into mid/late-stage translational and/or pre-clinical research that has a clear and feasible translational path to clinical application.

See RFA pgs. 4 -5

Successful Applications Should

- Identify a specific *clinical application** and include a detailed Translational Plan from the starting point of the application to the envisioned patient health outcome.

  - **Clinical application:* the ability to utilize the resulting outcomes(s) in a medical setting by curing/preventing SCI paralysis following acute injury or trauma.

See RFA pgs. 4-5

Successful Applications Should

★ Include a detailed Translational Plan that will

- Establish quantifiable milestones and key decision points,
- Provide contingency plans to address impediments that could require a revision to the timeline,
- Outline the critical path to accomplish goals, and
- If Phase I and/or Phase II clinical trials are proposed, there must be patient monitoring and follow up that extends beyond the contract term.

See RFA pg. 3

Available Funds

Approximately
$8 million is available to
support approximately
two (2) awards.

See RFA pgs. 3 & 11

Anticipated Contract

Five (5) years

- Anticipated Contact start date: 10/01/2022

- Annual direct costs are capped at $1,000,000 per year
  - Facilities and Administrative (F&A) costs up to 20% of modified total direct costs

See RFA pg. 4

Who Should Apply?

- **Research Team** should be comprised of investigators that has prior success working with relevant for-profit and regulatory entities.
- Each member's role should be relevant and evident that they are essential to the project.

See RFA pg. 4

Who May Apply?

- **Lead applicant** must be a New York State not-for-profit organization or governmental organization.

- The eligible Principal Investigator (PI), designated by the applicant organization, will have a record of effective scientific leadership and provide the vision, strategy, direction and fiscal accountability to the overall project.

- A PI may only submit one (1) application in response to this RFA, regardless of the organization under which (s)he submits the applications.

See RFA pg. 4

Eligibility to Apply Also Includes the Following Items

- The PI can not be restricted from receiving Public Health Service (PHS) funding or debarred by the United States Food and Drug Administration (FDA) or any other federal or New York State government entity (see RFA Section II.)

- The application cannot propose:
  - support for a research center,
  - support for a Phase III clinical trail, or
  - expansion of enrollment for an ongoing clinical trial

RFA Attachments 1-12

See RFA pg. 5&6

Prior to beginning the application process

☑ Complete the Self-Assessment Checklist: **Attachment 11**

ATTACHMENT 11
Self-Assessment Checklist

This checklist is a means for the applicant to gauge the appropriateness of the intended project for this specific funding mechanism. The prospective applicant is advised to consider each question carefully before deciding and investing time in the preparation of an application. A checklist with affirmative (Yes) responses indicates that the project is likely to be considered responsive to the RFA and "ready" for this funding mechanism. NOTE: This form is optional and will not be submitted as part of the application.

Self-Assessment Criteria	Yes	No
1. Is the proposed objective consistent with the mission of the SCIRB and the intent of the RFA (see Section I, Introduction)?		
• Will it advance well-proven hypotheses and early translational findings into mid/late-stage translational and/or pre-clinical research? OR	☐	☐
• Will it validate and optimize or iteratively refine devices, tools and technologies to treat or cure of SCI paralysis in ways that significantly improve current capabilities? AND	☐	☐
• Will it promote treatment and cure for SCI, including methods for reversing paralysis or restoring function caused by injury, or for minimizing or preventing damage occurring during acute phases of injury?	☐	☐
2. Will the application meet the expectations for the funding mechanism (see Section III., Project Narrative/Translational Workplan Outcomes)?		
• Is the data developed by the participating investigators robust and does it demonstrate proof-of-principle in an appropriate pre-clinical model? AND	☐	☐
• Have early translational findings indicated that mid/late-stage translational research is warranted? AND	☐	☐
• Is the proposed project intended to result in the development and commercialization of products, technology, tools, treatments and therapies for SCI? AND	☐	☐
• Is the project streamlined and focused to provide a clear and direct path to clinical application? AND	☐	☐
• Will the work be completed within the period of the award achieve a significant, measurable advance toward a specific clinical application? AND	☐	☐
• Can quantifiable milestones and key decision points be identified to track progress toward clinical application, and are the timelines for completion of the project specific and reasonable? AND	☐	☐
• Will there be a detailed Translation Plan from the starting point for the application to the envisioned patient health outcome? AND	☐	☐
• Will the Translation Plan explicitly state how results that are to be obtained within the period of the award will inform and enable the next steps toward clinical application (does it clearly outline a plan to utilize the resulting outcome(s) of the research project to improve SCI patient health in a medical setting by curing SCI paralysis or preventing paralysis following acute injury or trauma)? AND	☐	☐
• Does the application capitalize on collaborative approaches between research institutions, businesses and regulatory agencies? AND	☐	☐
• If the application timeline includes Phase I or Phase II clinical or device trials, is there	☐	☐

Download in the Pre-Submission Uploads Section of the Grants Gateway

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See RFA pg. 7

Attachment 1: Letter Of Intent (LOI)

Provide the following using the LOI Form:

- Descriptive title of the proposed project
- Summary paragraph of the intended project
- List all participants involved in the proposed project

Download & Upload in the Pre-Submission Uploads Section of the Grants Gateway

Email to scirb@health.ny.gov

Attachment 2: Application Checklist and Instructions

- Mandatory Pass/Fail Items
- Appendices
- Application Penalties
- Prescribed Format

Download in the Pre-Submission Uploads Section of the Grants Gateway

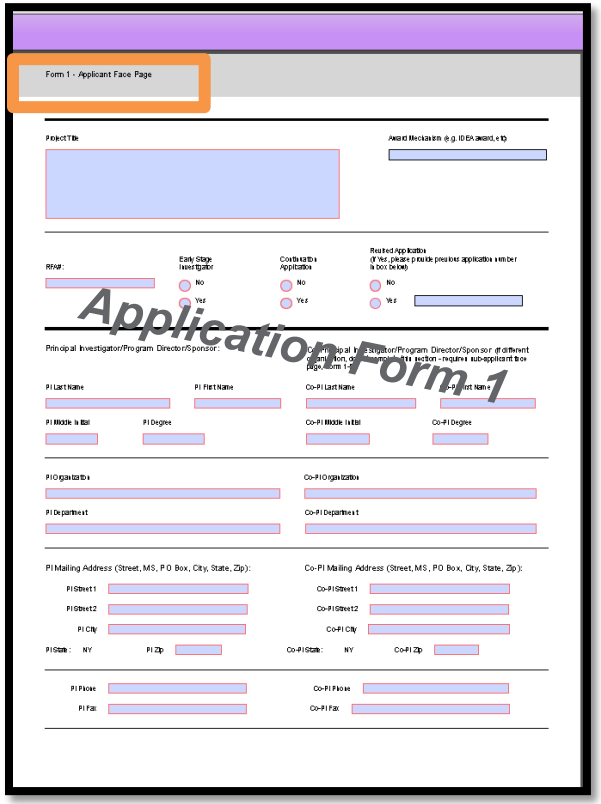
Attachment 3: Application Forms 1-5

Download in the Pre-Submission Uploads Section of the Grants Gateway

1. Applicant Face Page
2. Staff, Collaborators, Consultants and Contributors
3. Acronyms and Abbreviations Used in Application
4. Lay Abstract
5. Scientific Abstract

Upload in the Program Specific Questions Section of the Grants Gateway

Attachment 3: Application Forms 1-5 (continued)


Form 1 - Applicant Face Page

Project Title

Award Mechanism (e.g. IDEA award, etc)

RFA#:

Early Stage Investigator

Continuation Application

Revised Application (If Yes, please provide previous application number in box to the left)

Application Form 1

Principal Investigator/Program Director/Sponsor:

PI Last Name

PI First Name

Co-PI Last Name

Co-PI First Name

PI Middle Initial

PI Degree

Co-PI Middle Initial

Co-PI Degree

PI Organization

Co-PI Organization

PI Department

Co-PI Department

PI Mailing Address (Street, MS, PO Box, City, State, Zip):

PI Street 1

PI Street 2

PI City

PI State: NY

PI Zip

Co-PI Mailing Address (Street, MS, PO Box, City, State, Zip):

Co-PI Street 1

Co-PI Street 2

Co-PI City

Co-PI State: NY

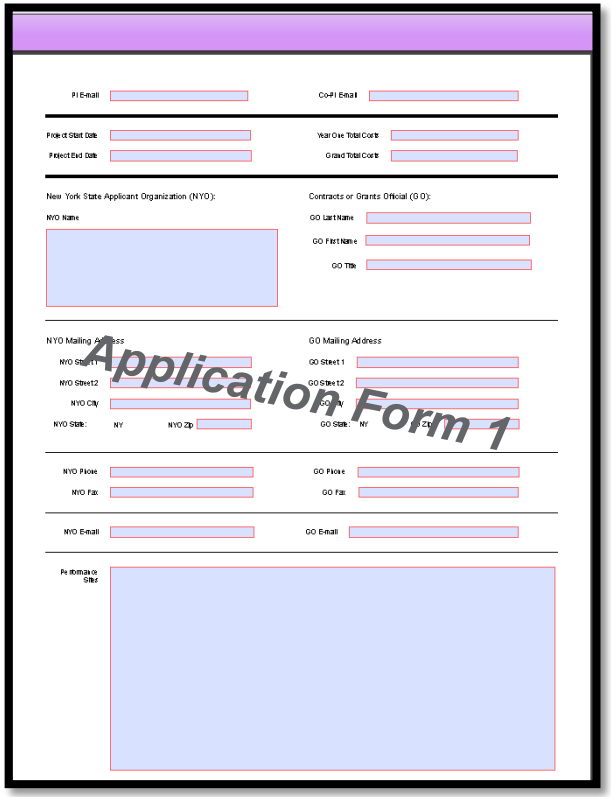
Co-PI Zip

PI Phone

PI Fax

Co-PI Phone

Co-PI Fax


PI E-mail

Co-PI E-mail

Project Start Date

Project End Date

Year One Total Costs

Grand Total Costs

New York State Applicant Organization (NYO):

NYO Name

Contracts or Grants Official (GO):

GO Last Name

GO First Name

GO Title

Application Form 1

NYO Mailing Address

NYO Street1

NYO Street2

NYO City

NYO State: NY

NYO Zip

GO Mailing Address

GO Street 1

GO Street2

GO City

GO State: NY

GO Zip

NYO Phone

NYO Fax

GO Phone

GO Fax

NYO E-mail

GO E-mail

Performance Sites

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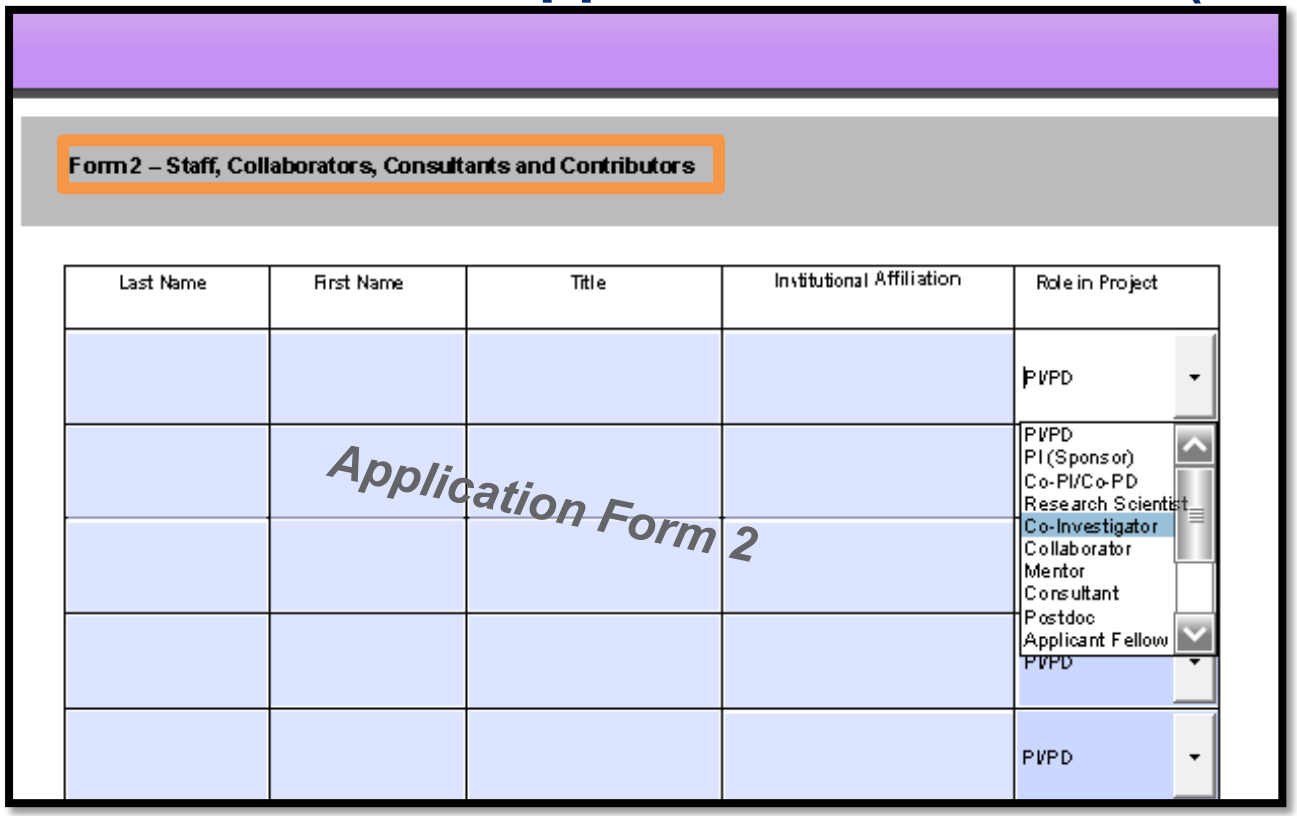
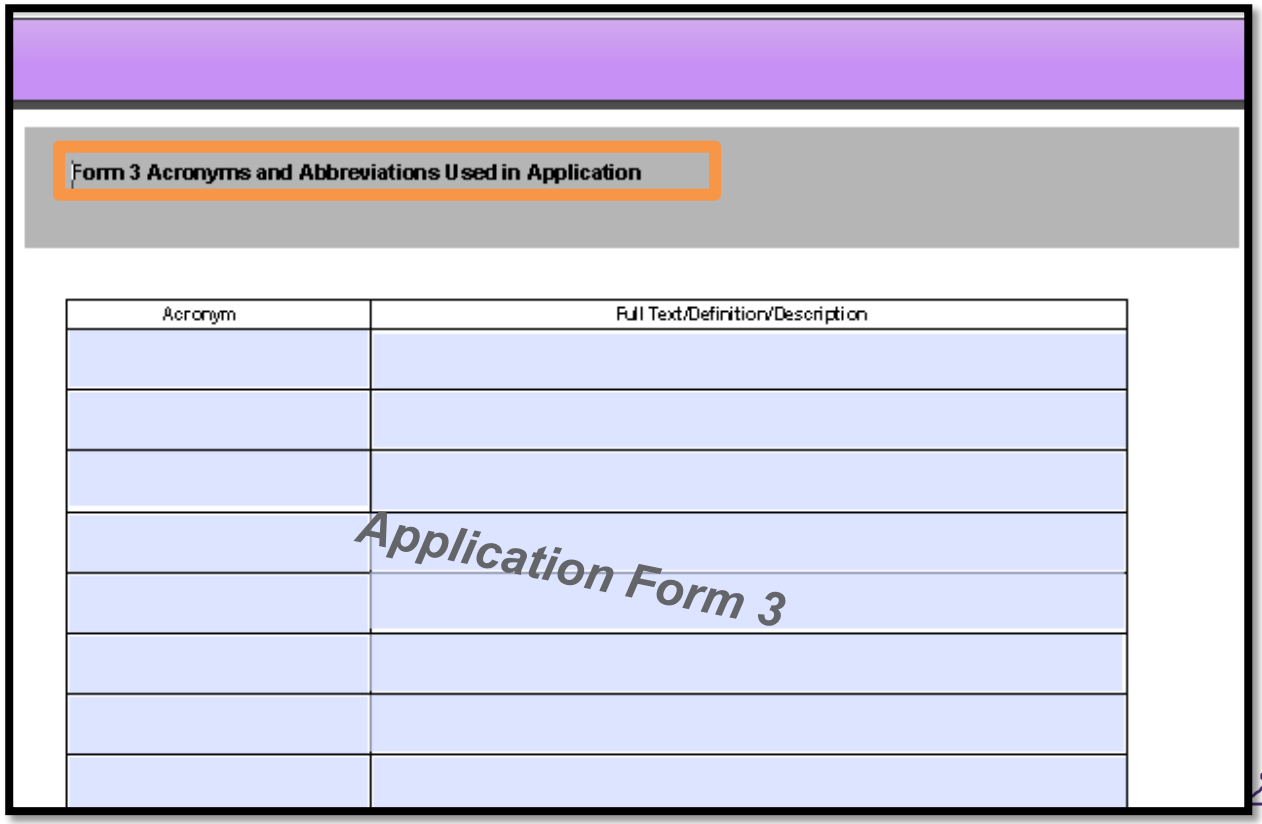
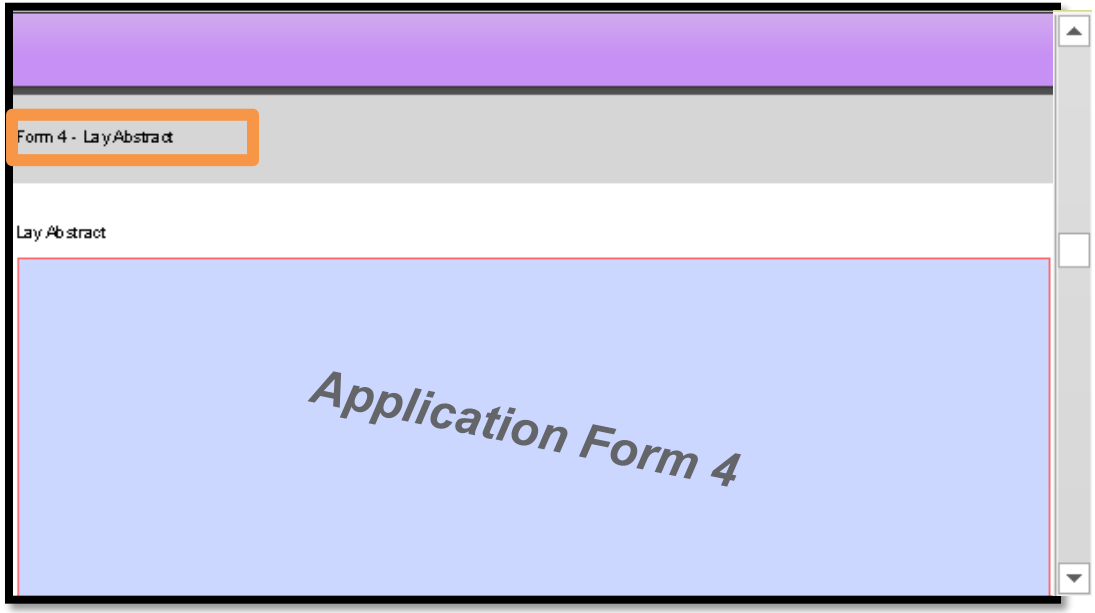
Attachment 3: Application Forms 1-5 (continued)



Attachment 3: Application Forms 1-5 (continued)



Attachment 3: Application Forms 1-5 (continued)



Research Category

Rehabilitation
Cellular Regeneration & Therapeutics

Comments

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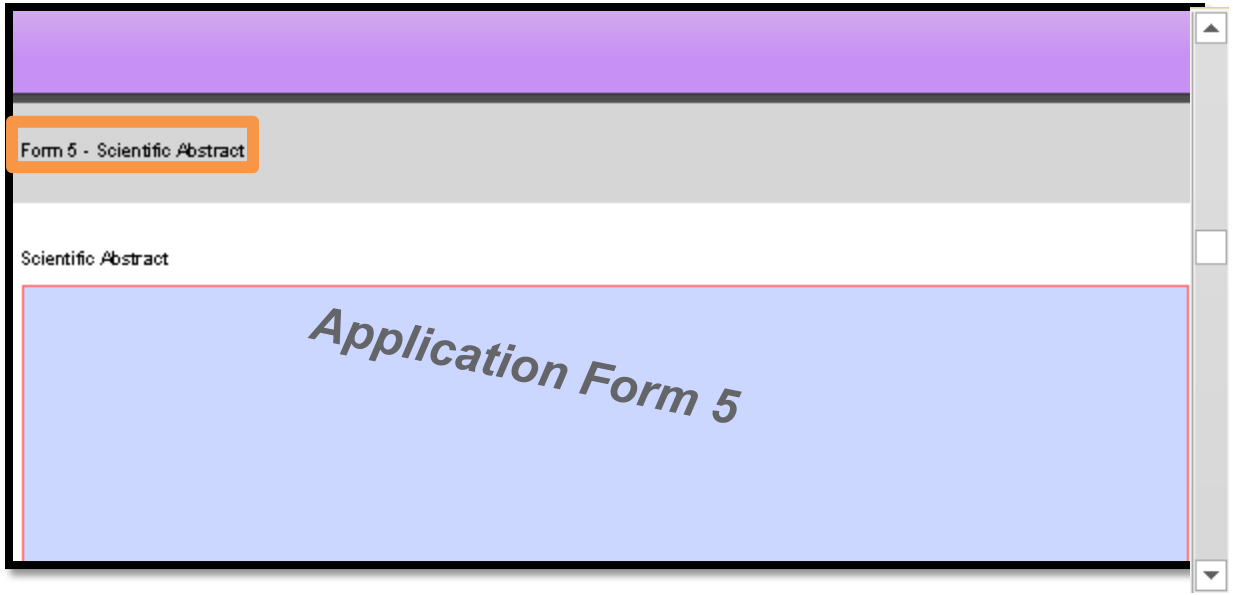
Attachment 3: Application Forms 1-5 (continued)



Contains Confidential or Proprietary Material

- No
- Yes

Comments

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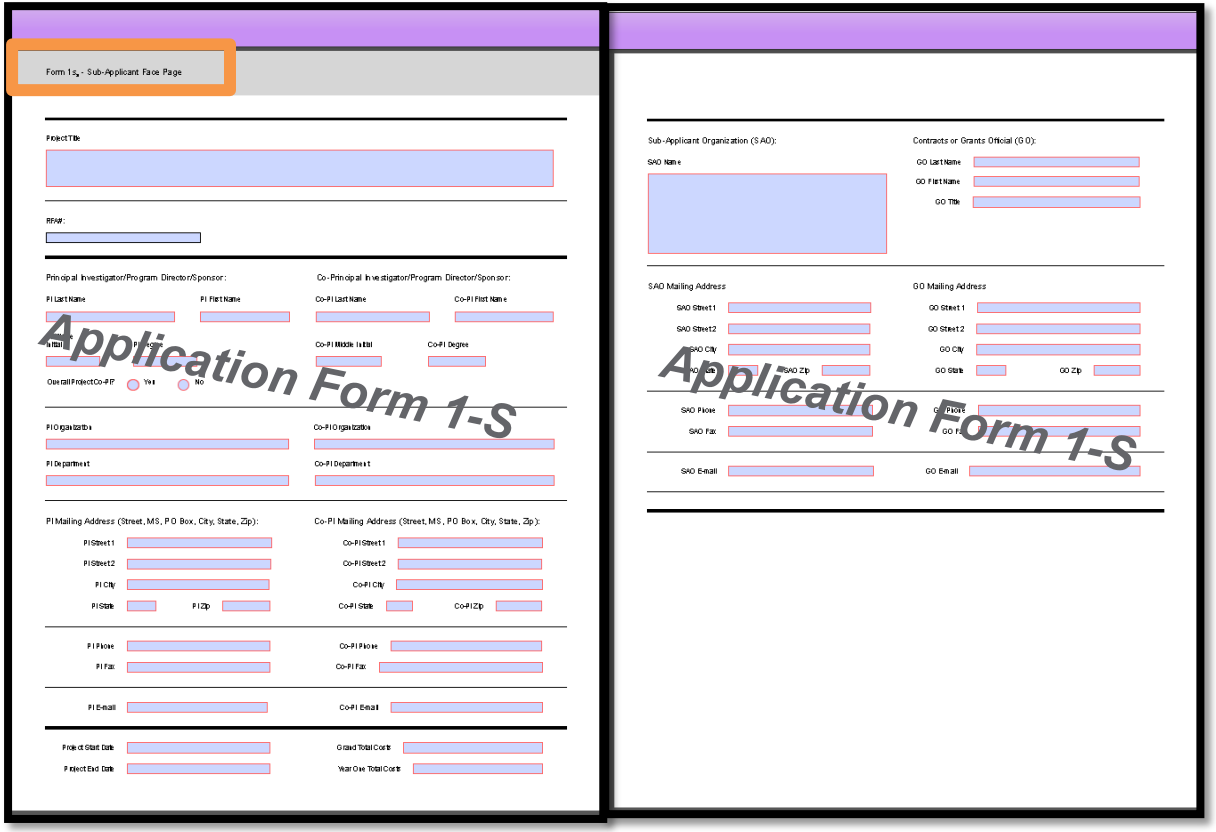
Attachment 4: Application Form 1-S



Download in the Pre-Submission Uploads Section of the Grants Gateway

Upload in the Program Specific Questions Section of the Grants Gateway

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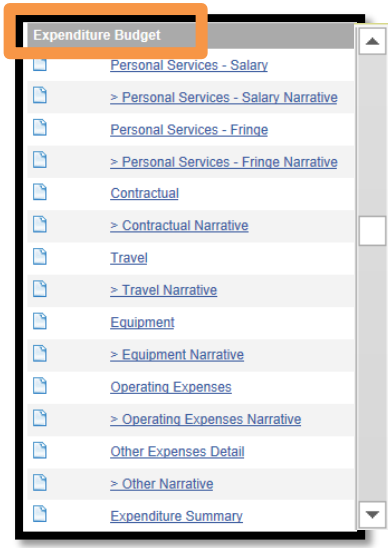
Online Budget and Justification (Year 1)

Menu | Forms Menu | Status Changes | Management Tools | Related Documents and Messages

Translational Research Projects (TRP) in Spinal Cord Injury (Round 3) Menu - Forms

Please complete all required forms below.

Forms Menu → Scroll down to Expenditure Budget Section



- Complete each form and narrative of the Online Budget for Year One

https://grantsgateway.ny.gov

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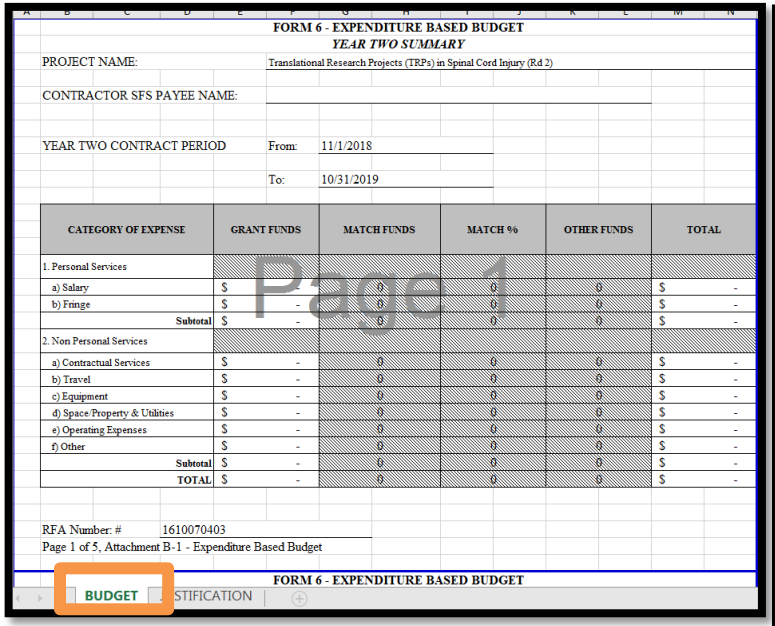
Attachment 5: Application Form 6 (Years 2-5)



FORM 6 - EXPENDITURE BASED BUDGET
YEAR TWO SUMMARY

PROJECT NAME: Translational Research Projects (TRPs) in Spinal Cord Injury (Rd 2)

CONTRACTOR SFS PAYEE NAME:

YEAR TWO CONTRACT PERIOD From: 11/1/2018

To: 10/31/2019

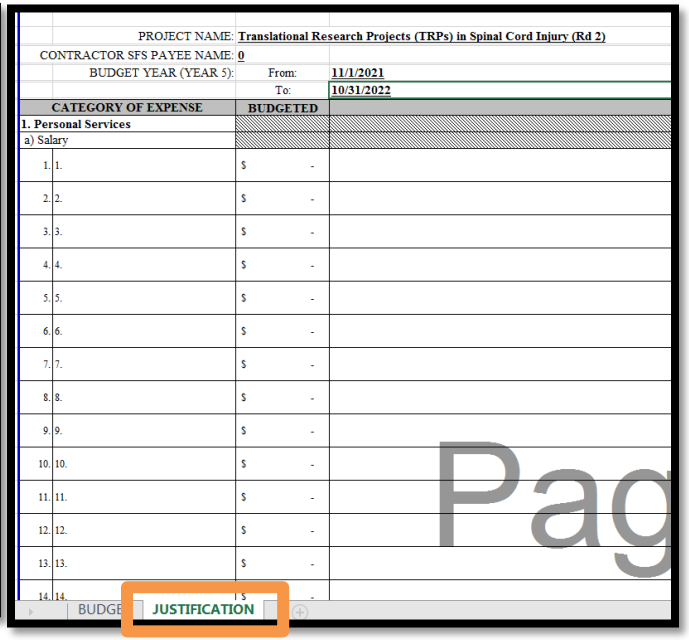
CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Personal Services					
a) Salary	$ -	0	0	0	$ -
b) Fringe	$ -	0	0	0	$ -
Subtotal	$ -	0	0	0	$ -
2. Non Personal Services					
a) Contractual Services	$ -	0	0	0	$ -
b) Travel	$ -	0	0	0	$ -
c) Equipment	$ -	0	0	0	$ -
d) Space/Property & Utilities	$ -	0	0	0	$ -
e) Operating Expenses	$ -	0	0	0	$ -
f) Other	$ -	0	0	0	$ -
Subtotal	$ -	0	0	0	$ -
TOTAL	$ -	0	0	0	$ -

RFA Number: # 1610070403

Page 1 of 5, Attachment B-1 - Expenditure Based Budget

FORM 6 - EXPENDITURE BASED BUDGET

BUDGET | JUSTIFICATION



PROJECT NAME: Translational Research Projects (TRPs) in Spinal Cord Injury (Rd 2)

CONTRACTOR SFS PAYEE NAME: 0

BUDGET YEAR (YEAR 5): From: 11/1/2021

To: 10/31/2022

	CATEGORY OF EXPENSE	BUDGETED
1. Personal Services		
a) Salary		
1.	1.	$ -
2.	2.	$ -
3.	3.	$ -
4.	4.	$ -
5.	5.	$ -
6.	6.	$ -
7.	7.	$ -
8.	8.	$ -
9.	9.	$ -
10.	10.	$ -
11.	11.	$ -
12.	12.	$ -
13.	13.	$ -
14.	14.	$ -

BUDGET | JUSTIFICATION

Download in the Pre-Submission Uploads Section of the Grants Gateway

Upload in the Program Specific Questions Section of the Grants Gateway as a PDF and XLS or XLSX file

Tab 1, Total Budget

Tab 2, Justification

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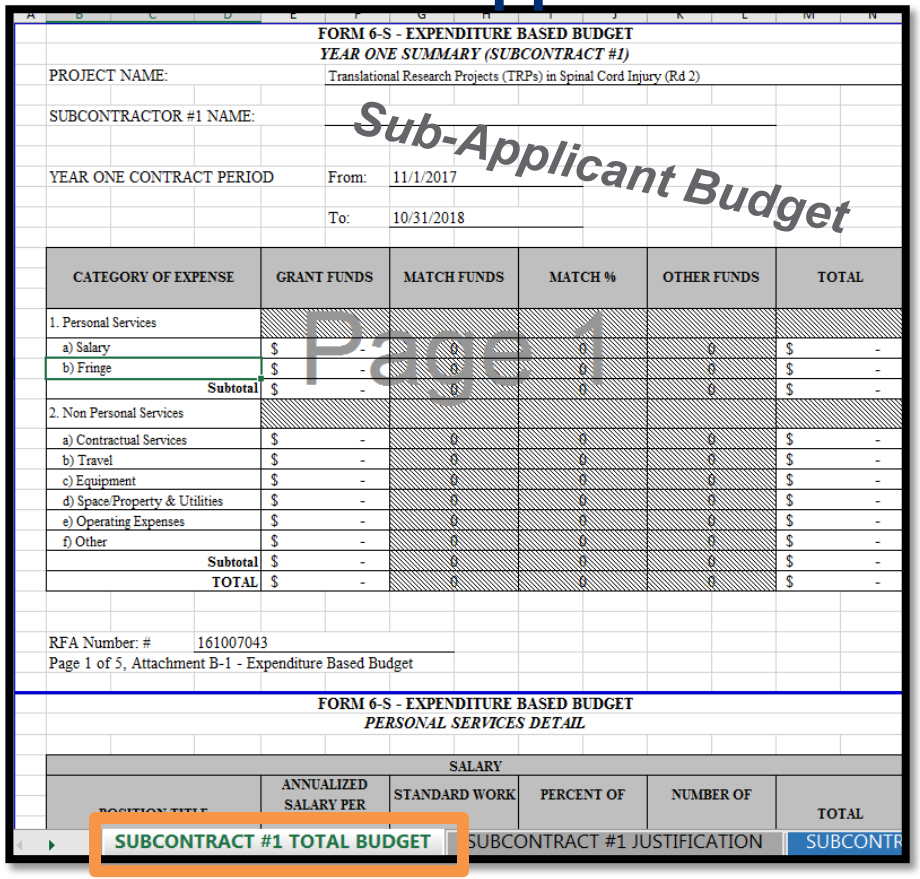
Attachment 6: Application Form 6-S (Years 1-5)



FORM 6-S - EXPENDITURE BASED BUDGET

YEAR ONE SUMMARY (SUBCONTRACT #1)

PROJECT NAME: Translational Research Projects (TRPs) in Spinal Cord Injury (Rd 2)

SUBCONTRACTOR #1 NAME:

Sub-Applicant Budget

YEAR ONE CONTRACT PERIOD From: 11/1/2017

To: 10/31/2018

CATEGORY OF EXPENSE	GRANT FUNDS	MATCH FUNDS	MATCH %	OTHER FUNDS	TOTAL
1. Personal Services					
a) Salary	$ -	0	0	0	$ -
b) Fringe	$ -	0	0	0	$ -
Subtotal	$ -	0	0	0	$ -
2. Non Personal Services					
a) Contractual Services	$ -	0	0	0	$ -
b) Travel	$ -	0	0	0	$ -
c) Equipment	$ -	0	0	0	$ -
d) Space/Property & Utilities	$ -	0	0	0	$ -
e) Operating Expenses	$ -	0	0	0	$ -
f) Other	$ -	0	0	0	$ -
Subtotal	$ -	0	0	0	$ -
TOTAL	$ -	0	0	0	$ -

Page 1

RFA Number: # 161007043

Page 1 of 5, Attachment B-1 - Expenditure Based Budget

FORM 6-S - EXPENDITURE BASED BUDGET

PERSONAL SERVICES DETAIL

	SALARY				
POSITION TITLE	ANNUALIZED SALARY PER	STANDARD WORK	PERCENT OF	NUMBER OF	TOTAL

SUBCONTRACT #1 TOTAL BUDGET | SUBCONTRACT #1 JUSTIFICATION | SUBCONTR

Download in the Pre-Submission Uploads Section of the Grants Gateway

Upload in the Program Specific Questions Section of the Grants Gateway as a PDF and XLS or XLSX file

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Attachment 7: Application Forms 7-12

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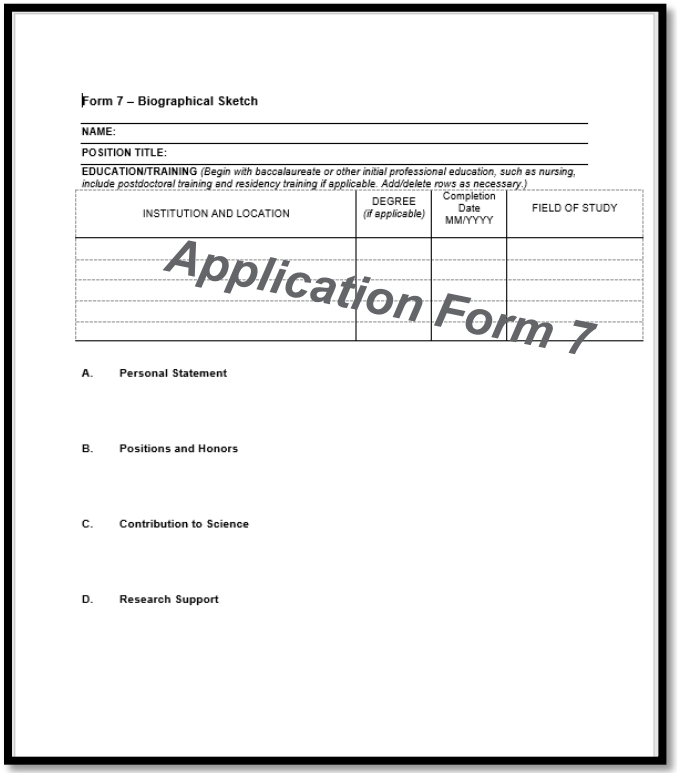
7. Biographical Sketch
8. Facilities and Resources
9. Introduction
10. Translational Workplan Narrative
11. Human Subjects
12. Vertebrate Animals

Upload in the Program Specific Questions Section of the Grants Gateway

Attachment 7: Application Forms 7-12



Form 7 – Biographical Sketch

NAME:

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	Completion Date MM/YYYY	FIELD OF STUDY

Application Form 7

A. Personal Statement

B. Positions and Honors

C. Contribution to Science

D. Research Support

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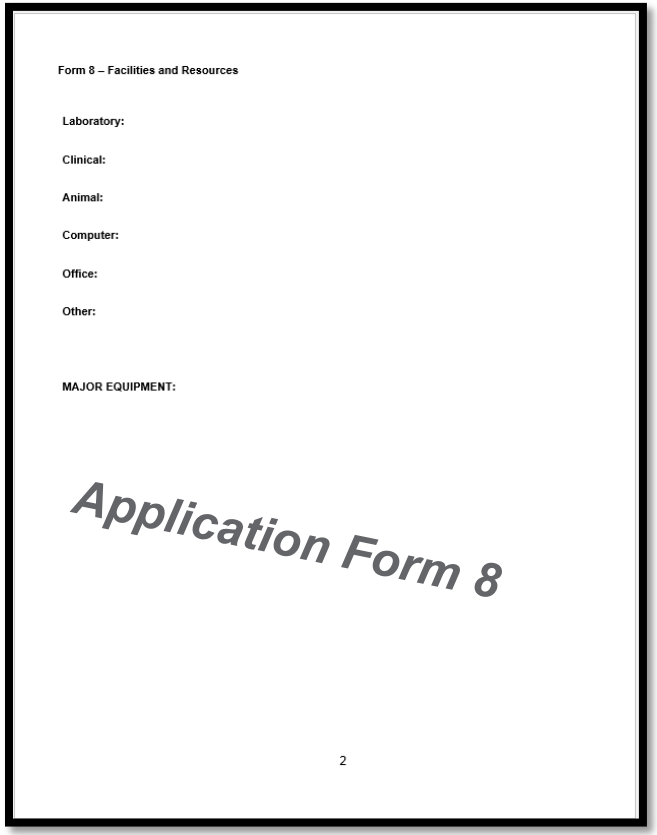
Attachment 7: Application Forms 7-12



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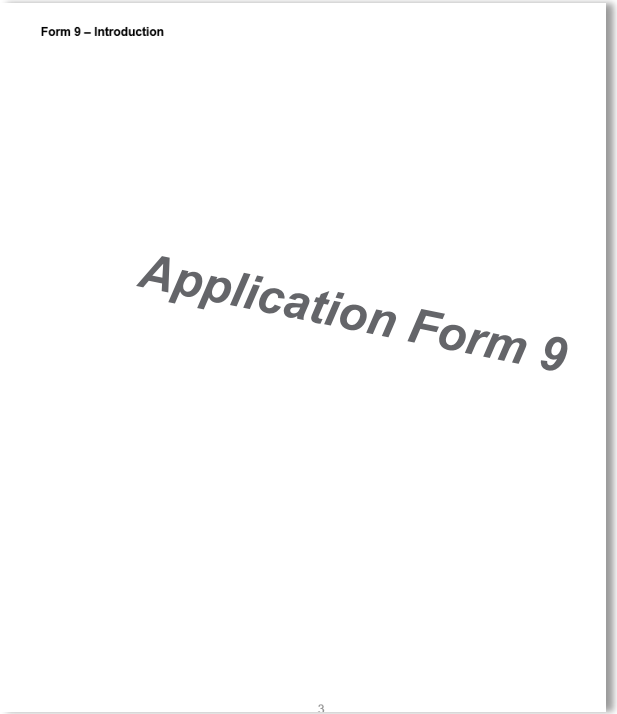
Attachment 7: Application Forms 7-12



Attachment 7: Application Forms 7-12

A. Significance

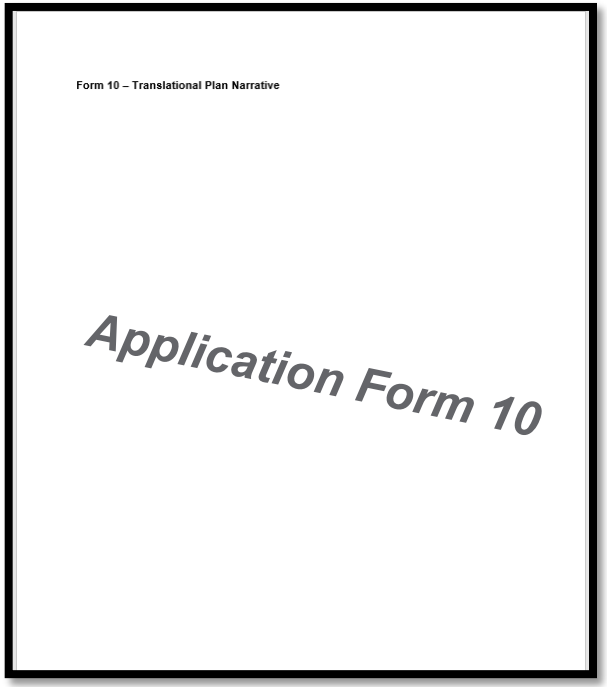
B. Background and Preliminary Results

C. Research and Development Plan

D. Milestones, Key Decision Points Timeline

E. Project Management and Coordination Strategy

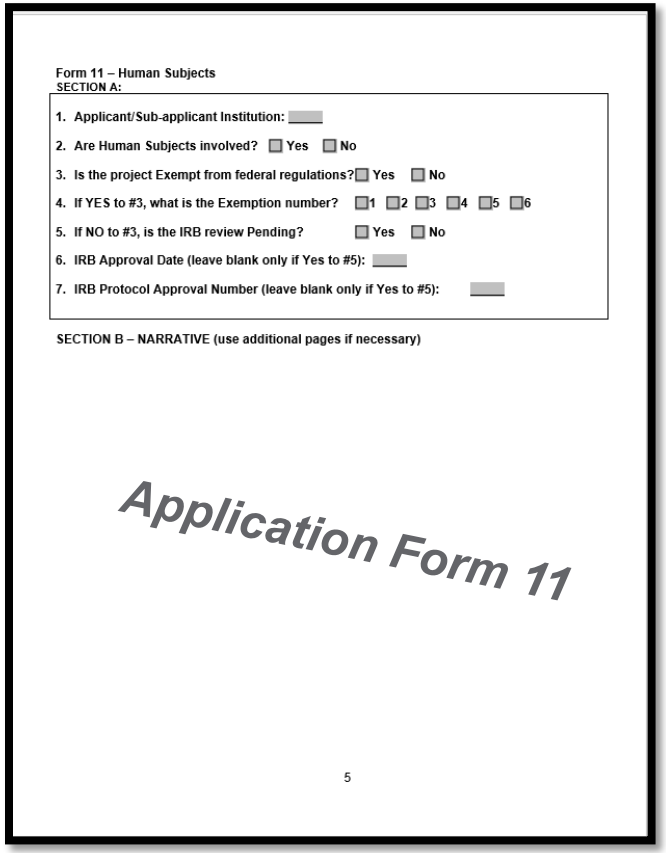
F. Literature Cited



PAGE LIMITS
Sections A-C:

- ***25 page limit***

Attachment 7: Application Forms 7-12



Form 11 – Human Subjects
SECTION A:

1. Applicant/Sub-applicant Institution: _____
2. Are Human Subjects involved? ☐ Yes ☐ No
3. Is the project Exempt from federal regulations? ☐ Yes ☐ No
4. If YES to #3, what is the Exemption number? ☐1 ☐2 ☐3 ☐4 ☐5 ☐6
5. If NO to #3, is the IRB review Pending? ☐ Yes ☐ No
6. IRB Approval Date (leave blank only if Yes to #5): _____
7. IRB Protocol Approval Number (leave blank only if Yes to #5): _____

SECTION B – NARRATIVE (use additional pages if necessary)

Application Form 11

5

Download in the Pre-Submission Uploads Section of the Grants Gateway

Upload in the Program Specific Questions Section of the Grants Gateway

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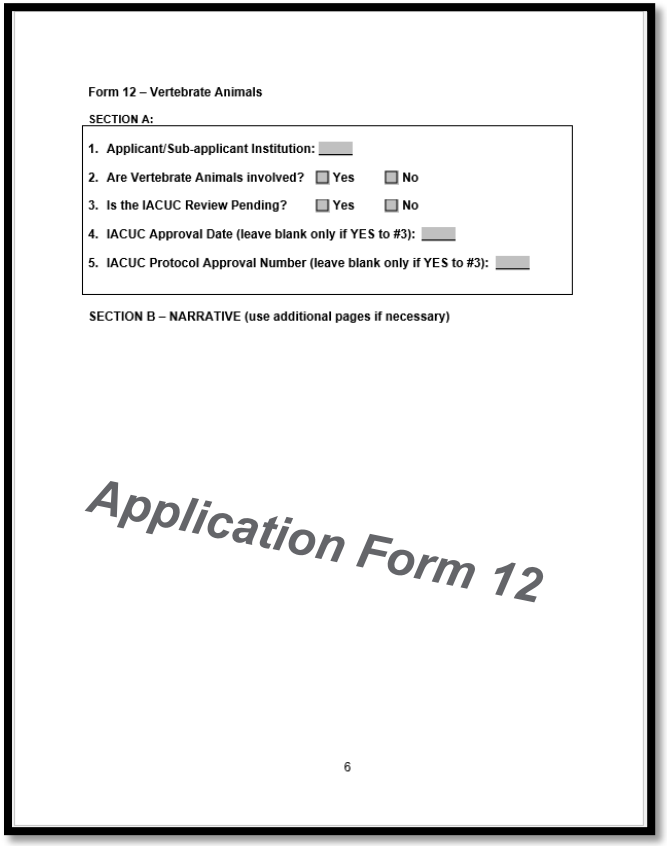
Attachment 7: Application Forms 7-12



Form 12 – Vertebrate Animals

SECTION A:

1. Applicant/Sub-applicant Institution: _____
2. Are Vertebrate Animals involved? ☐ Yes ☐ No
3. Is the IACUC Review Pending? ☐ Yes ☐ No
4. IACUC Approval Date (leave blank only if YES to #3): _____
5. IACUC Protocol Approval Number (leave blank only if YES to #3): _____

SECTION B – NARRATIVE (use additional pages if necessary)

Application Form 12

6

Download in the Pre-Submission Uploads Section of the Grants Gateway

Upload in the Program Specific Questions Section of the Grants Gateway

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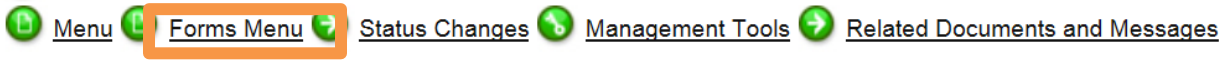
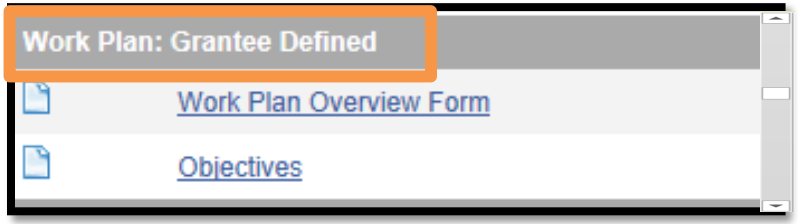
Online Workplan



Translational Research Projects (TRP) in Spinal Cord Injury (Round 2) Menu - Forms

Please complete all required forms below.

Forms Menu → Scroll down to Work Plan: Grantee Defined



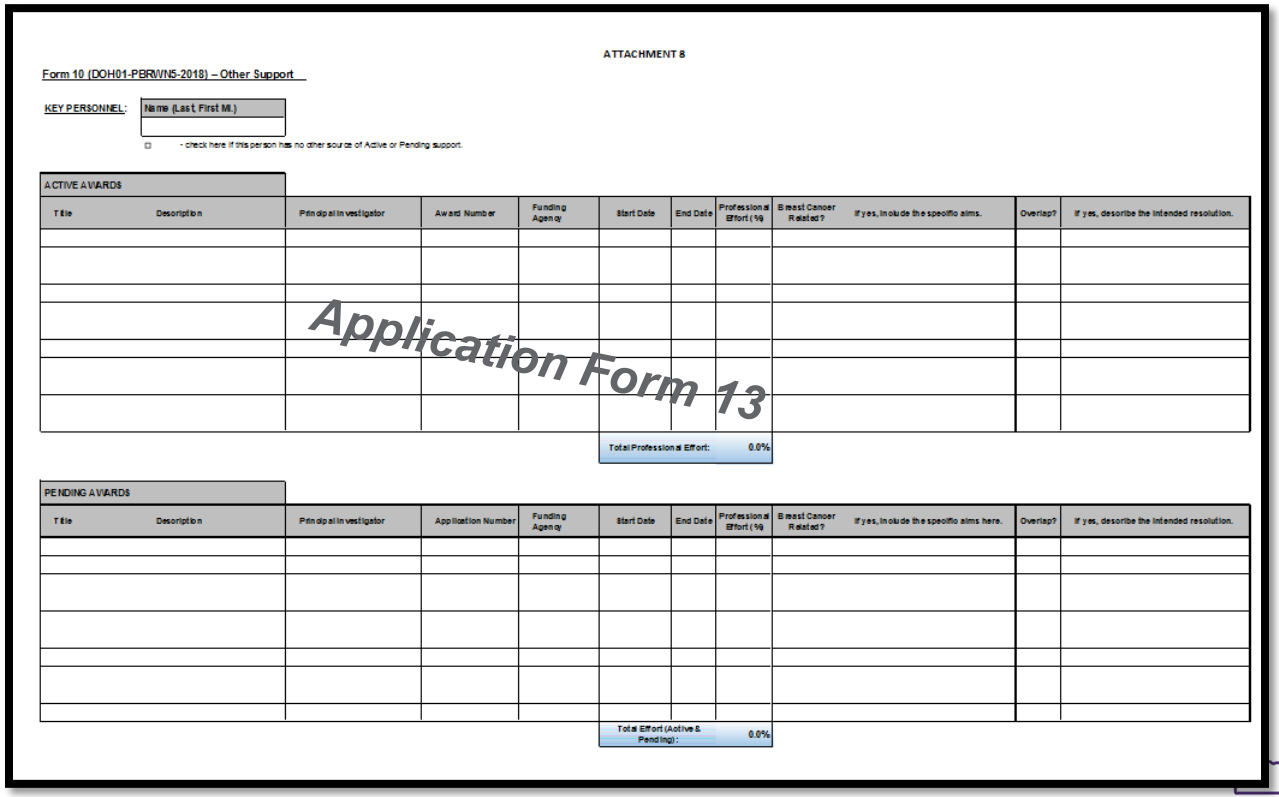
- Complete the Work Plan Overview Form and
- Objectives

Project Narrative/Translational Plan Outcomes

- The application may not include any scientific, budgetary or commitment overlap with other awards that will be active beyond the anticipated start date of the award.

- Funded projects may include program implementation (Phase I and/or Phase II clinical or device trials) which goes beyond the contract period and there should be documented institutional commitment from an appropriate official for patient monitoring and follow-up.

Attachment 8: Application Form 13



ATTACHMENT 8

Form 10 (DOH01-PBRWN5-2018) – Other Support

KEY PERSONNEL: Name (Last, First MI)

☐ - check here if this person has no other source of Active or Pending support.

ACTIVE AWARDS

Title	Description	Principal Investigator	Award Number	Funding Agency	Start Date	End Date	Professional Effort (%)	Breast Cancer Related?	If yes, include the specific aims.	Overlap?	If yes, describe the intended resolution.

Total Professional Effort: 0.0%

PENDING AWARDS

Title	Description	Principal Investigator	Application Number	Funding Agency	Start Date	End Date	Professional Effort (%)	Breast Cancer Related?	If yes, include the specific aims here.	Overlap?	If yes, describe the intended resolution.

Total Effort (Active & Pending): 0.0%

Application Form 13

Download in the Pre-Submission Uploads Section of the Grants Gateway

Upload in the Program Specific Questions Section of the Grants Gateway

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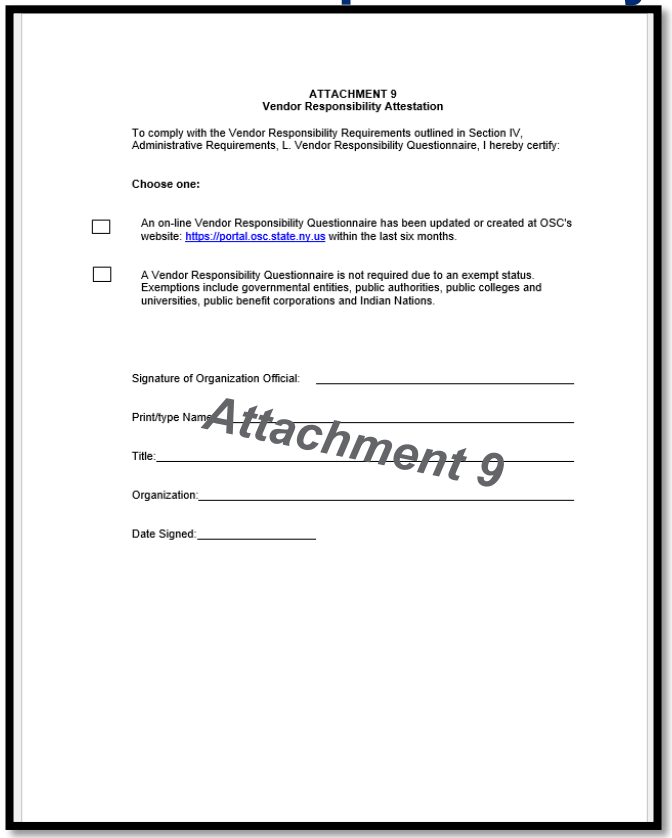
See RFA pg. 14

Attachment 9: Vendor Responsibility Attestation



ATTACHMENT 9
Vendor Responsibility Attestation

To comply with the Vendor Responsibility Requirements outlined in Section IV, Administrative Requirements, L. Vendor Responsibility Questionnaire, I hereby certify:

Choose one:

☐ An on-line Vendor Responsibility Questionnaire has been updated or created at OSC's website: https://portal.osc.state.ny.us within the last six months.

☐ A Vendor Responsibility Questionnaire is not required due to an exempt status. Exemptions include governmental entities, public authorities, public colleges and universities, public benefit corporations and Indian Nations.

Signature of Organization Official: _____

Print/type Name: _____

Title: _____

Organization: _____

Date Signed: _____

Attachment 9

Download & Upload in the Pre-Submission Uploads Section of the Grants Gateway

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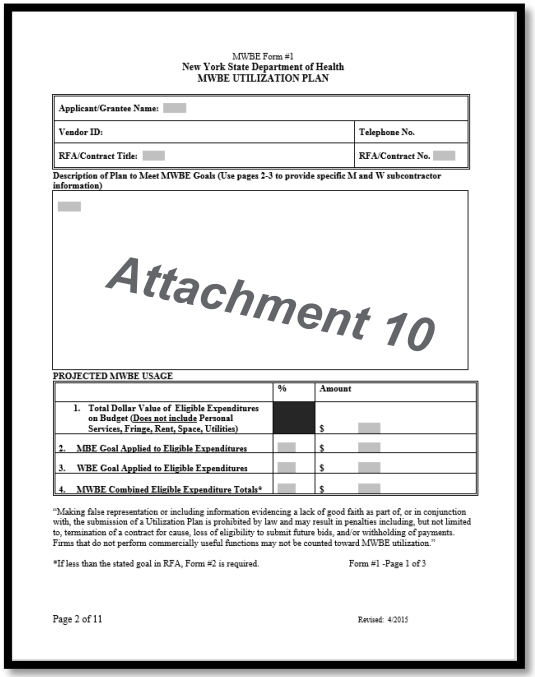
Attachment 10: Minority & Women-Owned Business Enterprise Requirement Forms

See RFA pg. 12-13

- MWBE Utilization Plan (3 pages)
- MWBE Utilization Waiver Request
- Staffing Plan
- Equal Opportunity Policy Statement
- Instructions



MWBE Form #1
New York State Department of Health
MWBE UTILIZATION PLAN

Applicant/Grantee Name:	
Vendor ID:	Telephone No.
RFA/Contract Title:	RFA/Contract No.

Description of Plan to Meet MWBE Goals (Use pages 2-3 to provide specific M and W subcontractor information)

Attachment 10

PROJECTED MWBE USAGE

	%	Amount
1. Total Dollar Value of Eligible Expenditures on Budget (Does not include Personal Services, Fringe, Rent, Space, Utilities)		$
2. MBE Goal Applied to Eligible Expenditures		$
3. WBE Goal Applied to Eligible Expenditures		$
4. MWBE Combined Eligible Expenditure Totals*		$

"Making false representation or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward MWBE utilization."

*If less than the stated goal in RFA, Form #2 is required. Form #1 -Page 1 of 3

Page 2 of 11 Revised: 4/2015

Download & Upload in the Pre-Submission Uploads Section of the Grants Gateway

https://ny.newnycontracts.com

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Attachment 12: Online Workplan Continuation Form

OBJECTIVE	TASKS	PERFORMANCE MEASURES
Objective Name:	**Task Name:**	**Performance Measure Name:**
1.	1.1	1.1.1
		Performance Measure Name:
		1.1.2
		Performance Measure Name:
		1.1.3
	Task Name:	**Performance Measure Name:**
	1.2	1.2.1
		Performance Measure Name:
		1.2.2
		Performance Measure Name:
		1.2.3
	Task Name:	**Performance Measure Name:**
	1.3	1.3.1
		Performance Measure Name:
		1.3.2
		Performance Measure Name:
		1.3.3

Attachment 12

Download in the Pre-Submission Uploads Section of the Grants Gateway and upload completed form in "Workplan Properties" section if necessary.

Review and Award Process

Review and Award Process

- Administrative Pass/Fail
- Peer Review Process
- Spinal Cord Injury Research Board (SCIRB) Review
- Contract Execution

American Institute of Biological Sciences

Spinal Cord Injury Research Board

New York State Department of Health

NEW YORK STATE | Department of Health | Wadsworth Center

Review Criteria

1. Feasibility and Translational/Clinical Potential **40%**
2. Innovativeness and Approach **25%**
3. Investigators and Environment **15%**
4. Budget **20%**

American Institute of Biological Sciences

SPINAL CORD INJURY RESEARCH BOARD
NEW YORK STATE DEPARTMENT OF HEALTH

NEW YORK STATE | Department of Health | Wadsworth Center

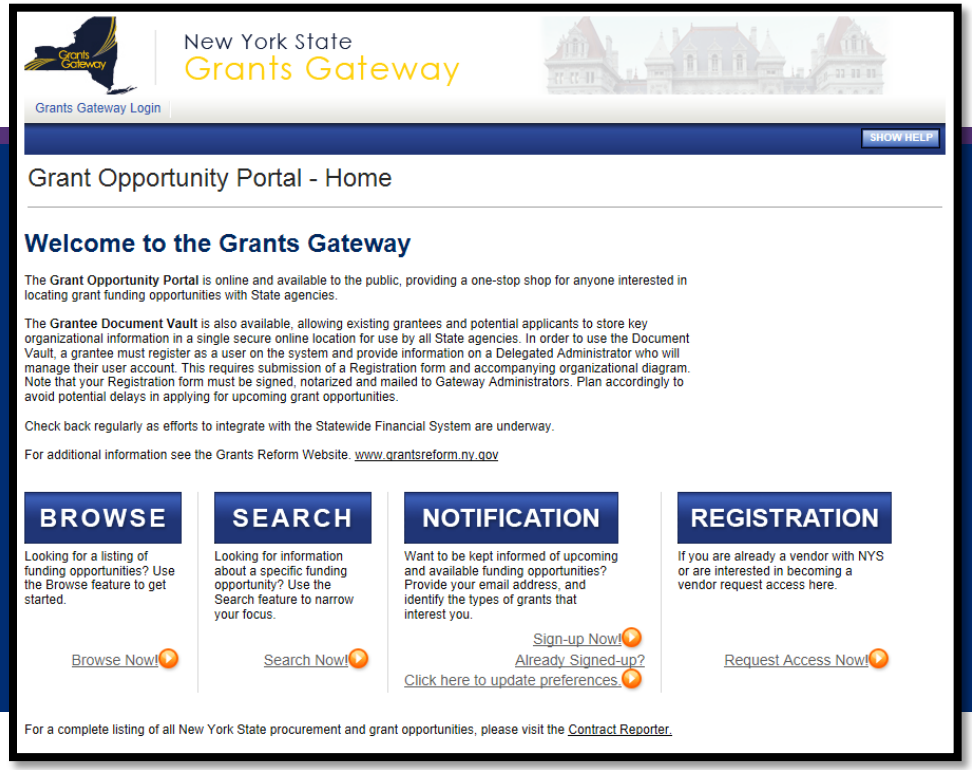
Debriefing

- All applicants may request a debriefing by sending an email to scirb@health.ny.gov.

- Requests must be received no later than 15 business days from date of award or non-award announcement.

Grants Gateway Overview

https://grantsgateway.ny.gov/



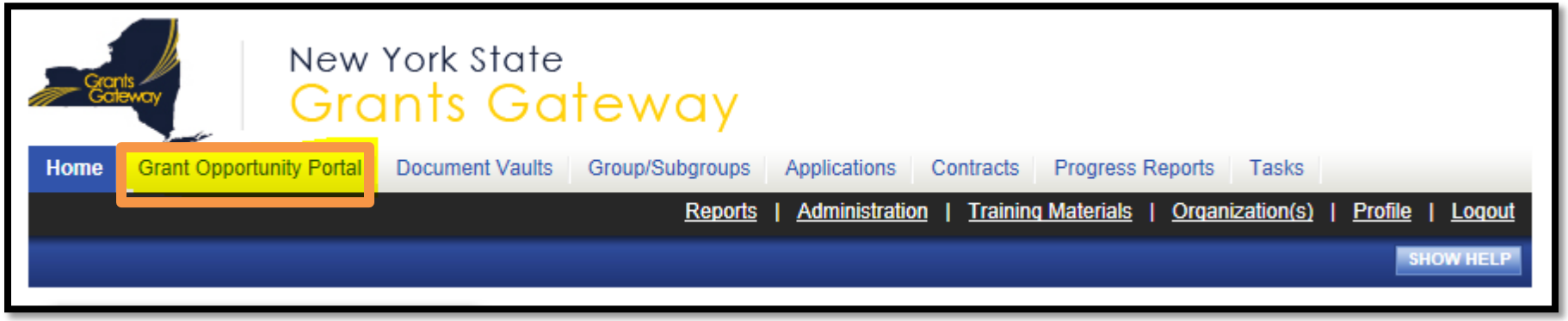
Grants Gateway FAQ

1. How do I apply for an opportunity?
2. Where's a copy of the RFA Attachments?
3. How do I retrieve an application I've already started?
4. How do I retrieve the Q & A document?

See RFA pgs. 13-14

Q1: How do I apply for an Opportunity in the Grants Gateway?

- You must be registered in the Grants Gateway to apply
  - See RFA, Section IV. M.
  - Grantee Quick Start Guide https://grantsreform.ny.gov/Grantees
  - Delegated Administrator



- Login
- Click on the Grants Opportunity Portal tab
- Search using the keywords (Translational), and select the Department of Health as the Funding Agency
- Click on the Grant Opportunity name
- Click Apply for Grant Opportunity to start an application

https://grantsgateway.ny.gov

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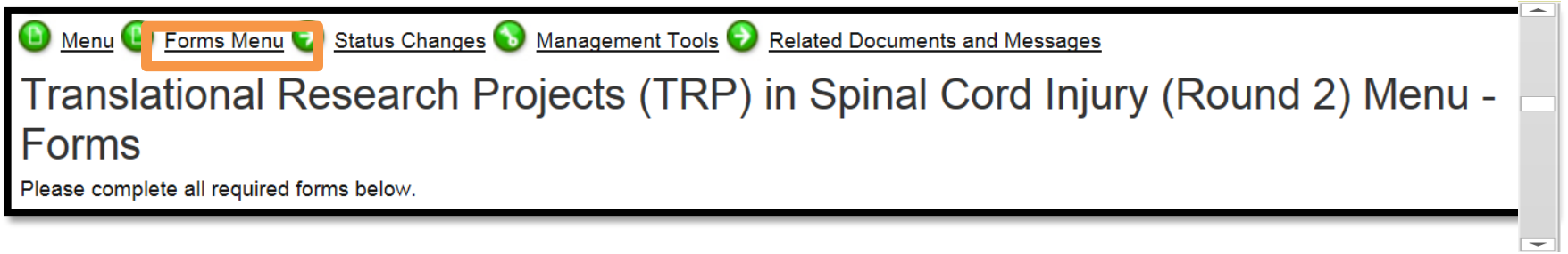
Q2: Where do I download the RFA Attachments?



- Login
- Start an application or retrieve an application that you already started
- Click on the Forms Menu
- Scroll down to Click on Pre-Submission Uploads
- Download each attachment document template

https://grantsgateway.ny.gov

Click on each document template to download each attachment

PRE-SUBMISSION UPLOADS

Instructions:

1. Select the **Browse** button to locate an upload.
2. Select the **Save** button above to load it into the system.
3. If the Grant Opportunity you are applying for requires that a specific document be uploaded, a link to the Document Template will appear under the upload row. Click the link to download and save the Document Template to your computer. Once you have filled out the Document Template you can use the associated **Upload** row to upload the document as part of your application.

Only upload the completed Vendor Responsibility Attestation (Attachment 9), Minority & Women-Owned Business Enterprise Requirement Forms (Attachment 10) and the optional Letter of Intent Form (Attachment 1) and Conflict of Interest Form (Attachment 8) in this Pre-Submission Uploads section. All other completed forms must be uploaded in the Program Specific Questions section.

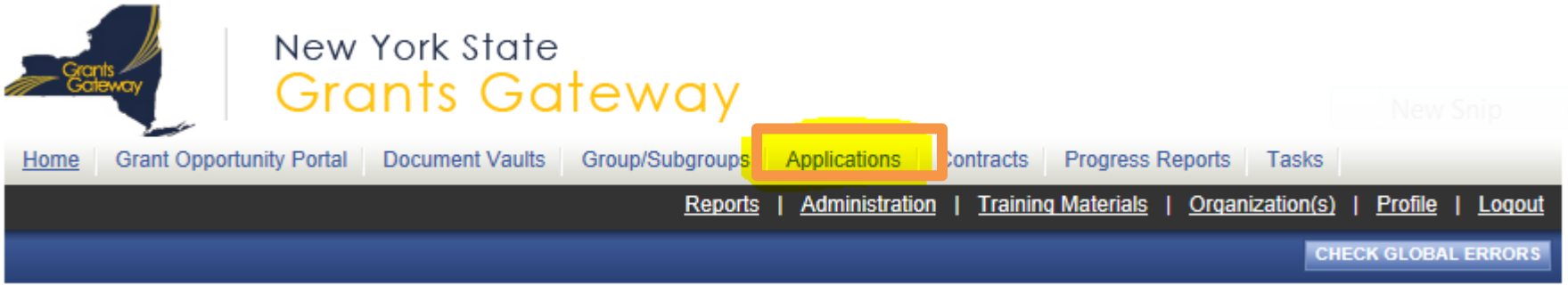
Attachment 1 - Letter of Intent Form

The prospective applicant institution is strongly encouraged to complete and submit a Letter of Intent. This form will be used to develop the review panel in a timely manner. Letters of Intent should be submitted via the Grants Gateway in the Pre-Submission Uploads section of the online application. The file name should include applicant organization and PI names. A copy must also be e-mailed to scirb@health.ny.gov. Please ensure that the RFA number, organization name and PI name are noted in the e-mail subject line. Submit the Letter of Intent via both formats by the date posted on the cover of the RFA.

Browse...

Document Template *Click here*

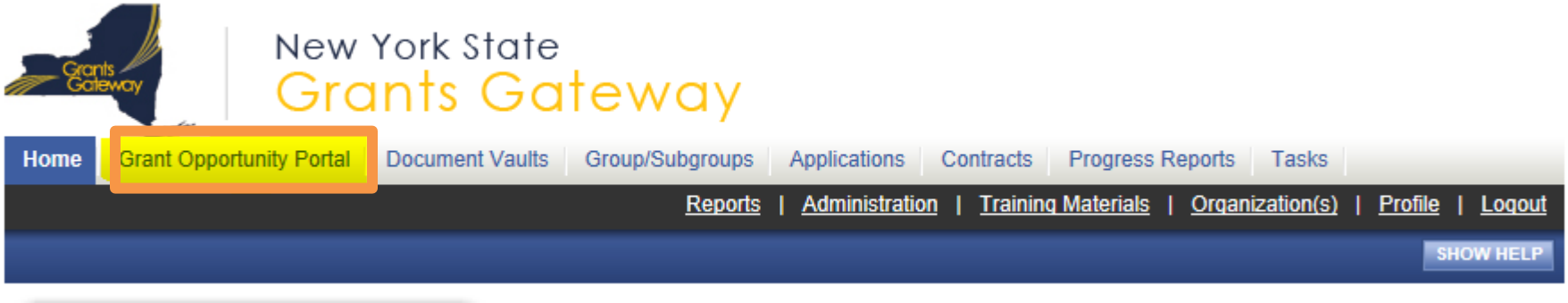
Q3: How do I retrieve an Application I've already started?



- Login
- Click on the Applications link located at the top of your home screen
- Enter search criteria to locate the application
- Click on the Application number to restart the application

https://grantsgateway.ny.gov

Q4: How do I retrieve the Q&A document?



- Click on Grant Opportunity Portal
- Search for Opportunities in the Portal using the keywords (Translational), and select the Department of Health as the Funding Agency.
- Click on the Grant Opportunity name
- Full Document details are listed on the Grant Opportunity Profile, which includes a Questions and Answers link

https://grantsgateway.ny.gov

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Your Questions

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Thank you!!

November 16, 2021